

A circular stamp from the Office of Intellectual Property (OIPE). The text "OIPE" is at the top, "JCC22 3E1" is on the right, "AUG 24 2004" is in the center, and "PATENT & TRADEMARK OFFICE" is at the bottom.

2172

In re Application of:

)
: Examiner: Woo, Isaac M.

: Group Art Unit: 2172

RECEIVED

AUG 26 2004

) August 20, 2004

Technology Center 2100

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the final Official Action dated May 20, 2004, please amend

the above-identified application, as follows.

08/25/2004 GWORDOF1 00000012 09995724

01 FC:1201
02 FC:1202

86.00 OP
126.00 OP

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

August 20, 2004
(Date of Deposit)

Michael K. O'Neill
 (Attorney for Applicant)

August 20, 2004
Date of Signature



In re Application of:

HIROKAZU KAWAMOTO, et al.

Application No.: 09/995,724

Filed: November 29, 2001

For: APPARATUS AND METHOD FOR
CONTROLLING USER INTERFACE

Docket No. 00862.022450

Examiner: Isaac M. Woo

Group Art Unit: 2172

Date: August 20, 2004

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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AUG 26 2004

Sir:

Technology Center 2100

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 56	MINUS	** 47	= 7	x \$9 \$18	\$126.00
INDEP. CLAIMS	* 12	MINUS	*** 11	= 1	x \$43 \$86	\$ 86.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$212.00

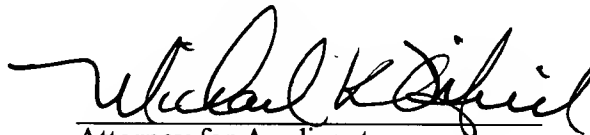
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 212.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Michael K. O'Neill
Registration No.: 32,622

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